

## APPLICATION FOR REZONING

**PLEASE TYPE OR PRINT**

SUBMIT TO: PLANNING & ZONING ADMINISTRATOR  
101A MONROE STREET  
P. O. BOX 905  
CARTHAGE, NC 28327

APPLICATION # \_\_\_\_\_

DATE: \_\_\_\_\_

1. Applicant/Owner: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Telephone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_
4. Location of property to be rezoned:
  - a. Road Location: \_\_\_\_\_  
\_\_\_\_\_
  - b. Tax Map: Township # \_\_\_\_\_ Map # \_\_\_\_\_ Block # \_\_\_\_\_ Lot # \_\_\_\_\_
  - c. PIN # \_\_\_\_\_ LRK # \_\_\_\_\_ Deed Book/Page \_\_\_\_\_
5. Acreage of property to be rezoned: \_\_\_\_\_
6. Distance on existing road(s): \_\_\_\_\_  
\_\_\_\_\_
7. Present Zoning: \_\_\_\_\_
8. Proposed Zoning: \_\_\_\_\_
9. The following are all of the persons, firms or corporations owning property adjacent to both sides, rear and in front (including across the street) of the property sought to be rezoned:

<u>NAME</u>	<u>ADDRESS</u>	<u>LRK #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If you need additional space, please attach additional sheets to this form.)

10. At the time of submission of this rezoning application, you are required to submit two (2) plain, unaddressed, unstamped number 10 business envelopes for each adjacent property owner listed in Item 9.
11. All applications for rezoning must be accompanied with a nonrefundable application fee of \$100.00, plus an amount to be specified for postage to cover the cost of certified mail, receipt requested, for each of the above (Item 10) required envelopes.
12. What changed or changing conditions or other circumstances make the passage of this amendment necessary? (Do not discuss proposed or intended usage.)

I (We), the undersigned, certify that all statements furnished in this application are true to the best of my (our) knowledge, and do hereby agree to follow all reasonable requests for information as designated by the County of Moore Planning and Zoning Administrator.

\_\_\_\_\_  
Applicant/Owner's Signature

\_\_\_\_\_  
Applicant/Owner's Signature

\_\_\_\_\_  
Applicant/Owner's Signature

\_\_\_\_\_  
Applicant/Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Filing Fee: \_\_\_\_\_

Date Fee Received: \_\_\_\_\_

Filing Fee Receipt # \_\_\_\_\_